

Minutes of the meeting of the Board of Directors of the Cook County Health and Hospitals System held Thursday, November 5, 2009 at the hour of 7:30 A.M. at John H. Stroger, Jr. Hospital of Cook County, 1901 W. Harrison Street, in the fifth floor conference room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Batts called the meeting to order at approximately 7:35 A.M.

Present: Chairman Warren L. Batts and Directors Hon. Jerry Butler; David Carvalho; Quin R. Golden; Benn Greenspan, PhD, MPH, FACHE; Sister Sheila Lyne, RSM; Luis Muñoz, MD, MPH; and Heather E. O'Donnell, JD, LLM (8)

Absent: Vice Chairman Jorge Ramirez and Directors David A. Ansell, MD, MPH and Andrea Zopp (3)

Additional attendees and/or presenters were:

John Abendshien	Aaron Hamb, MD	Elizabeth Reidy
Michael Ayres	Jeanene Johnson	Thomas Ryan
James D'Amico	Randolph Johnston	Deborah Santana
Patrick T. Driscoll, Jr.	Enrique Martinez, MD	Anthony J. Tedeschi, MD, MPH,
William T. Foley	John Raba, MD	MBA

II. Public Speakers

Chairman Batts asked the Secretary to call upon the registered speakers.

The Secretary called upon the following registered public speaker:

1. Leslie Curtis Midwest Director, National Nurses Organizing Committee

III. Report from Chairman of the Board

Report on visit to Grady Health System

Chairman Batts stated that while he was recently in Atlanta, he visited Grady Memorial Hospital. Their health system serves a population for Fulton and DeKalb Counties that is one-quarter of the size of Cook County's. The Certificate of Need for their one hospital is for 1,000 beds, and their daily occupancy is approximately 400-450 patients.

Chairman Batts provided examples of some successful initiatives and cost-saving strategies that Grady has implemented. One such strategy involved bringing in Price Waterhouse Coopers as their turnaround firm. Michael Ayres, System Chief Financial Officer (and former Chief Financial Officer of Grady Health System), provided additional information on the subject. In response to a question regarding the cost for the work done by Price Waterhouse Coopers, Mr. Ayres stated that they were paid \$28 million, but the benefit to the system was a savings of \$184 million.

IV. Report from Chief Executive Officer

A. Performance improvement update

William T. Foley, Chief Executive Officer, provided an update on the performance improvement plan. He stated that the assessment phase is completed; the assessment of Cermak Health Services will be completed this week or the following week. The final assessment report and executive summary will be presented to the Board at their meeting on November 19th.

IV. Report from Chief Executive Officer

A. Performance improvement update (continued)

Mr. Foley stated that there have been requests from County Commissioners to receive the preliminary performance assessment report; they are preparing and will be distributing to the Commissioners disks containing this report.

The next phase is implementation of the plan. Normally, a consulting firm would be engaged to do a full-blown implementation of the plan. This will not be necessary, as some of the pieces are already being implemented, such as those relating to labor, productivity and workforce rebalancing. However, there is a need for the engagement of a consulting firm to implement other opportunities and pieces of the plan, such as those relating to supply chain and other areas. Jeanene Johnson is currently working on the Request for Proposals (RFP), which will come back through the Finance and Human Resources Committees before it is sent out.

B. Strategic planning update

Mr. Foley provided an update on strategic planning efforts. He stated that, according to the original schedule, the plan was to be presented and approved by the Board at this meeting. However, there is still a lot of work to do. They are in the process of making modifications to the draft strategic plan; he expects to come back to the Board on November 19th with more specifics and a revised timeline for adoption of the plan.

John Abendshien, of Integrated Clinical Services, Inc., provided a summary (Attachment #1) of the work in process for the development of the strategic plan. Because of the longer-term nature of some of the projects that are proposed, he suggested that the three-year financial plan be extended into a five-year plan. In terms of the recommended direction, he stated that they are listening, reflecting, and incorporating changes based upon the input received at the town hall meetings and employee meetings. Additionally, in reflection of some of the revised priorities and input they have received, he stated that they are suggesting some changes to the goals structure (included in Attachment #1).

During the discussion of the financial plan that will support the strategic plan, Director Carvalho suggested that besides the traditional financial plan, there should also be a plan that takes into account such factors as existing state law and existing reimbursement schemes. He stated that there are financial implications to some suggestions. For example, would the System still qualify for DSH or can a “hub” even exist under the current licensing?

Mr. Abendshien stated that the essentials of the plan are very solid – improving access, enhancing service quality, developing stellar service lines, strengthening caregiver/staff, and ensuring leadership and responsible stewardship. He stated that they believe these are “go forward” recommendations and suggested that many of these be put on the front burner for a very intense and short-term implementation. He reviewed the initiatives identified for short-term implementation, which were included in his materials.

The Board discussed the development or strengthening of clinical service lines in some areas, including emergency/trauma and diabetes. Additionally, they discussed existing programs at other area institutions, such as those relating to sickle cell anemia.

Mr. Abendshien stated that going forward, their tasks are to continue to refine the core goals and strategic initiatives, complete the financial plan, complete the action plans, and then submit it for the Board’s approval.

V. Board and Committee Reports

A. Minutes of the Board of Directors Public Hearings on the CCHHS FY2010 Preliminary Budget

Director Lyne, seconded by Director O'Donnell, moved the approval of the minutes of the Board of Directors Public Hearings on the CCHHS FY2010 Preliminary Budget. THE MOTION CARRIED UNANIMOUSLY.

B. Minutes of the Board of Directors Meeting, October 7, 2009

Director Greenspan, seconded by Director Lyne, moved the approval of the minutes of the Board of Directors Meeting of October 7, 2009. THE MOTION CARRIED UNANIMOUSLY.

C. Minutes of the Board of Directors Special Meeting, October 7, 2009

Director Butler, seconded by Director O'Donnell, moved the approval of the minutes of the Board of Directors Special Meeting of October 7, 2009. THE MOTION CARRIED UNANIMOUSLY.

D. Minutes of the Quality and Patient Safety Committee Special Meeting, October 13, 2009

Director Butler, seconded by Director Greenspan, moved the approval of the minutes of the Quality and Patient Safety Committee Special Meeting of October 13, 2009. THE MOTION CARRIED UNANIMOUSLY.

E. Minutes of the Audit and Compliance Committee Meeting, October 13, 2009, recessed and reconvened October 15, 2009

During Director Muñoz' presentation of the Audit and Compliance Committee meeting minutes, Chairman Batts noted that when the internal audits are complete, there should be a presentation to the Board.

Also discussed was County Commissioner Joseph Mario Moreno's recent proposal calling for a financial and managerial audit of the System, which was referred to the County Board's Finance Committee on November 4th. Director Muñoz noted that Deloitte & Touche is already doing a financial audit of the System. Mr. Foley stated that he expects to meet with Commissioner Moreno on the subject next week.

Director Muñoz, seconded by Director Lyne, moved the approval of the minutes of the Audit and Compliance Committee Meeting of October 13, 2009, recessed and reconvened on October 15, 2009. THE MOTION CARRIED UNANIMOUSLY.

F. Minutes of the Finance Committee Meeting, October 15, 2009

Director Carvalho, seconded by Director Butler, moved the approval of the minutes of the Finance Committee Meeting of October 15, 2009. THE MOTION CARRIED UNANIMOUSLY.

V. Board and Committee Reports (continued)

G. *Minutes of the Quality and Patient Safety Committee Meeting, October 21, 2009

Director Muñoz, seconded by Director Lyne, moved the approval of the minutes of the Quality and Patient Safety Committee Meeting of October 21, 2009. THE MOTION CARRIED UNANIMOUSLY.

H. **Minutes of the Human Resources Committee Meeting, October 29, 2009

Director Golden, seconded by Director O'Donnell, moved the approval of the minutes of the Human Resources Committee Meeting of October 29, 2009. THE MOTION CARRIED UNANIMOUSLY.

I. Minutes of the Finance Committee Meeting, October 29, 2009

Director Golden, seconded by Director Butler, moved the approval of the minutes of the Finance Committee Meeting of October 29, 2009, with the exception of request numbers 21 and 22 under the Contracts and Procurement Items, which were withdrawn. THE MOTION TO APPROVE, AS AMENDED, CARRIED.

Director Carvalho voted PRESENT on request numbers 1, 2, 3, 4 and 5, under the Contracts and Procurement Items contained in the minutes of the Finance Committee Meeting of October 29, 2009.

VI. Recommendations, Discussion/Information Items

A. Proposed 2010 Meeting Dates for the CCHHS Board of Directors (Attachment #2)

Director Golden, seconded by Director Lyne, moved the approval of the proposed 2010 meeting dates for the Cook County Health and Hospitals System Board of Directors. THE MOTION CARRIED UNANIMOUSLY.

B. System Board trades and engineers' consolidation with the Cook County Department of Facilities Management

Mr. Foley introduced James D'Amico, Director of the County's Department of Facilities Management. Mr. D'Amico presented information on a proposal to consolidate the System's trades and engineers with Cook County's Department of Facilities Management (Attachment #3). Thomas Ryan, Chairman of the Building and Trades Coalition for the greater Chicagoland area, provided additional information.

The Board discussed several issues relating to the proposal, including the following: the current hiring process and ability to transfer these employees between facilities, collective bargaining issues, budgetary concerns, and level of diversity in these areas.

Mr. Foley stated that because the Board needs more information, the Finance and Human Resources Committees will evaluate the proposal further at an upcoming meeting. Additionally, Director Muñoz requested that the Board receive more information and data on diversity in these areas.

VII. Action Items

A. Resolution – accept gift of donated art (Attachment #4)

Director Lyne, seconded by Director Muñoz, moved the approval of the proposed Resolution to accept the gift of donated art. THE MOTION CARRIED UNANIMOUSLY.

B. Any items listed under Sections V, VI, VII and VIII

VIII. Closed Session Discussion/Information Items

A. *Minutes of the Quality and Patient Safety Committee Meeting, October 21, 2009

B. **Minutes of the Human Resources Committee Meeting, October 29, 2009

Director Greenspan, seconded by Director Muñoz, moved to recess the regular session and convene into closed session, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(2), regarding “collective negotiating matters between the public body and its employees or their representatives, or deliberations concerning salary schedules for one or more classes of employees,” 5 ILCS 120/2(c)(1), regarding “the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity,” 5 ILCS 120/2(c)(11), regarding “litigation, when an action against, affecting or on behalf of the particular public body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting,” and 5 ILCS 120/2(c)(17), regarding “the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals for a hospital, or other institution providing medical care, that is operated by the public body.” THE MOTION CARRIED UNANIMOUSLY.

Chairman Batts declared that the closed session was adjourned. The Board reconvened into regular session.

IX. Adjourn

Director Greenspan, seconded by Director Lyne, moved to adjourn. THE MOTION CARRIED UNANIMOUSLY AND THE MEETING ADJOURNED.

Respectfully submitted,
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Warren L. Batts, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

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ATTACHMENT #1

The logo for Integrated Clinical Solutions Inc. features the word "INTEGRATED" in a large, bold, green serif font. Below it, the words "CLINICAL SOLUTIONS INC." are written in a smaller, green, sans-serif font. A large, light gray "iCS" watermark is visible in the background behind the text.

INTEGRATED CLINICAL SOLUTIONS INC.

10 South Riverside Plaza

Suite 1800

Chicago, IL 60606

November 3, 2009

Mr. William T. Foley
Chief Executive Officer
Cook County Health and Hospitals System
1900 West Polk Street
Suite 123
Chicago, IL 60612

Dear Bill:

The purpose of this letter is to provide a brief summary of ICS' work in process related to the development of the Strategic Plan, and to recommend overall direction going forward.

Current Progress Summary

We have essentially completed the steps outlined in Phase I (Engagement Kick-Off and Board Retreat), Phase II (Discovery), and Phase III (Formulation). Work outstanding includes the following:

- Revisions to Goal structure and Strategic Initiatives (See below.)
- Completion of Phase IV (3- year Financial Plan)
- Completion of Phase V (Action Plan)

Actually, Phases IV and V are very close to completion. But as a practical matter, we need to make certain refinements consistent with revisions in the Goals, as well as share these outputs and related assumptions with you and System leadership prior to finalization.

Recommended Direction

We believe that the conceptual framework for the draft Strategic Plan provides an overall direction that will best serve the System's patients and the residents of Cook County. The goals of improving access, enhancing service quality, developing strong clinical service lines, strengthening caregiver staff, and ensuring leadership and responsible stewardship are all high priorities for moving forward into implementation phases.

Accordingly, it is recommended that the System aggressively pursue certain high-priority initiatives over the next 12+ months:

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- Take necessary steps to improve access to health care services by systematically evaluating and remedying access barriers at all delivery sites.
 - Move forward with the planning and development of the Hub sites (locations, service mix, volume projections), with the goal of getting one-to-two sites moving well toward implementation within the next 12 months. (As we have discussed, the specific scope of primary care and specialty services will need to be defined, with appropriate in-depth research and input from advisory task groups.)
 - Plan for needed infrastructure improvements, including replacement of the Fantus Clinic and expanded parking capacity on the Stroger campus.
 - Aggressively pursue Quality, Service Excellence, and Cultural Competency initiatives on all fronts. Show measureable results over the next 12 months.
 - Move forward with planning for selected clinical service lines. (In addition to clinical service lines already identified, include OB/GYN, pediatrics, and neonatal intensive care as priorities for focused development.) Also, evaluate potential expansion/development of other services along the continuum of care, including rehabilitation and long-term care at Oak Forest site.)
 - Pursue staff development and related issues, with positive communications, trust- and morale-building as high priorities.
 - Through a focus on leadership and stewardship, lay the necessary foundation blocks for leadership development, fiscal responsibility, long-term sustaining funding, and governance oversight.

While the above immediate-term initiatives are underway, pursue longer-term evaluations and related discussions in the following areas:

- Based on in-depth analyses of community-level needs, plan for the optimal long-term development of Oak Forest, Provident, and ACHN delivery sites.
- Explore mutually-beneficial clinical and service partnerships with FQHC's, private hospital systems, and other provider organizations.

Revised Goal Structure

Consistent with this overall direction, we are proposing certain revisions to the Core Goals and Strategic Initiatives. (See "Vision 2012—revised draft," attached.)

Proposed Next Steps

Our next steps are to:

- ⇒ Revise and refine Core Goals and Strategic Initiatives, consistent with Board and management input.

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- ⇒ Complete the draft financial plan and test assumptions with the senior management team.
 - ⇒ Complete the Action Plans for ongoing plan implementation processes.
 - ⇒ Finalize the Strategic Plan for Board approval.

It is our intention to make final revisions to the draft Strategic Plan, and submit the completed plan by no later than early December.

In addition, and at your direction, we would be pleased to develop work plans for specific areas of in-depth evaluation and implementation as a Phase II work effort. Such areas would include development of service line plans as Centers of Excellence, design of the Hub model, in-depth evaluation of community-specific health services needs, etc.

* * * *

Bill, I hope this summary and direction is helpful. We look forward to working with you and the System Board in the completion of the Strategic Plan.

Sincerely,
INTEGRATED CLINICAL SOLUTIONS, INC.



John Abendshien

Attachment: "Vision 2012—revised draft"



Strategic Plan: *VISION 2012* (revised draft 11/03/09)

Mission

MISSION: To deliver integrated health services with dignity and respect regardless of a patient's ability to pay; foster partnerships with other health providers and communities to enhance the health of the public; and advocate for policies which promote and protect the physical, mental and social well being of the people of Cook County.

Vision 2012

In support of its public health mission, CCHHS will be recognized locally, regionally, and nationally—and by patients and employees—as a progressively evolving model for an accessible, integrated, patient-centered, and fiscally-responsible healthcare system focused on assuring high-quality care and improving the health of the residents of Cook County.

Core Goals

I. Access to Healthcare Services

- Eliminate System access barriers at all delivery sites.
- Designate and develop 3-5 delivery sites as regional “hubs” for provision of comprehensive outpatient services.
- Rebuild Fantus Clinic and expand parking capacity; evaluate optimal long-term development of Provident, Oak Forest, and ACHN sites.

II. Quality, Service Excellence & Cultural Competence

- Develop an integrated, System-wide approach and supportive infrastructure for patient-centered care coordination.
- Implement a System-wide program of continuous process improvement: patient care quality, safety, and outcomes.
- Develop a comprehensive program to instill cultural competency .

III. Service Line Strength

- Develop/strengthen clinical service lines in needs-based areas such as cancer, cardiac, diabetes, emergency/trauma, HIV/AIDS, rehabilitation, and surgery; evaluate optimal development of OB, pediatrics, neonatal care.
- Pursue mutually beneficial partnerships with community providers.
- Assure the provision of the Ten Essentials of public health.

IV. Staff Development

- Implement a full range of initiatives to improve caregiver/employee satisfaction.
- Focus on effective recruiting and retention processes.
- Develop a robust program for in-service education and professional skill building.

V. Leadership & Stewardship

- Foster leadership development and succession planning.
- Develop long-term financial plans and sustaining funding.
- Hold Board and management leadership accountable to agreed-upon performance targets.

Strategic Initiatives

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ATTACHMENT #2

Draft – Proposed 2010 Board Meeting Dates

Friday, January 29, 2010

Friday, February 26, 2010

Friday, March 26, 2010

Friday, April 30, 2010

Thursday, May 27, 2010

Friday, June 25, 2010

Thursday, July 29, 2010

Thursday, August 26, 2010

Thursday, September 30, 2010

Thursday, October 28, 2010

Friday, November 19, 2010

Friday, December 17, 2010

Item VI(A)
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ATTACHMENT #3

SYSTEM BOARD TRADES AND ENGINEERS CONSOLIDATION WITH THE DEPARTMENT OF FACILITIES MANAGEMENT

- ▶ SAVINGS FOR SYSTEMS BOARD
- ▶ Elimination of funding for Trades and Engineers FTEs and overtime (This will no longer be a line item in your budget).
- ▶ SAVINGS FOR COOK COUNTY
- ▶ Cost reduction of annual supply contracts.
- ▶ STREAMLINE PURCHASING
 - ▶ All requisitions will be submitted to a central location.
- ▶ STREAMLINE ACCOUNTS PAYABLE
 - ▶ All accounts payable requests will be submitted to a central location.
- ▶ STREAMLINE HUMAN RESOURCES
 - ▶ Grievances will be centrally located, policy will be uniform, i.e., timekeeping, attendance, disciplinary action.
- ▶ STREAMLINE CAPITAL PLANNING REQUESTS
 - ▶ This will insure all plant operations are considered.
- ▶ CURRENT STAFF APPROPRIATION
 - ▶ Currently all physical plant, buildings and grounds staff are permanently assigned to one of the three locations.
- ▶ REDUCTION OF CONTRACTUAL AGREEMENTS
 - ▶ Systems board-wide sharing of trades will allow for staffing flexibility.
- ▶ CONSOLIDATION OF WORK ORDER SYSTEMS
 - ▶ This will expedite response time.
- ▶ REGULATORY COMPLIANCE
 - ▶ Current members of DFM Administration have collectively assisted in 26 Illinois Department of Public Health Surveys and 9 Joint Commission Surveys within the Bureau of Health and have achieved full accreditation (some with zero life safety deficiencies) through all.

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ATTACHMENT #4

RESOLUTION

RESOLUTION FOR THE COOK COUNTY HEALTH & HOSPITALS SYSTEM BOARD TO ACCEPT A DONATION OF ART TO THE COOK COUNTY HEALTH & HOSPITALS SYSTEM

WHEREAS, On February 29, 2008, the Cook County Board of Commissioners approved an Ordinance Establishing the Cook County Health and Hospitals System ("Enabling Ordinance"); and

WHEREAS, Section 38-74(a) (1) of the Enabling Ordinance provides that it is the responsibility of the Board of Directors Cook County Health and Hospitals System ("System Board") to carry out and fulfill the mission of the Cook County Health and Hospitals System ("CCHHS") by continuing to provide integrated health services with dignity and respect, regardless of a patient's ability to pay; and

WHEREAS, Section 38-80(h) of the Enabling Ordinance provides that subject to the mission of CCHHS, the System Board shall have the power and responsibility to accept any gifts, grants, property, or any other aid in any form, from any source; and

WHEREAS, Dr. Fred Geisler wishes to make a gift to CCHHS of a suite of seven pieces of art titled "7 Wonders of the World", by artist Brett Livingston Strong, with no stipulations as to its use; and

WHEREAS, Brett Livingston Strong is an artist who is a painter and sculptor of international renown; and

WHEREAS, Dr. Geisler represents that this suite of art has previously appraised at a value of approximately \$50,000.00;

NOW, THEREFORE, BE IT RESOLVED, that the System Board, with no obligation whatsoever, accepts this gift of art to the CCHHS and, on behalf of the CCHHS, expresses its appreciation to Dr. Fred Geisler for his generosity.

Effective date: This Resolution shall be in full force and effect immediately upon passage.

